

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 28 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|----------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

DOCUMENT # **P93000058059 (5)**

1. Corporation Name
...IN THE DARC, INC.



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|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business 3425 SW 45 ST SUITE B DAVIE FL 33314 | Mailing Address 6425 SW 45 ST STE B DAVIE FL 33314-3339 US |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 08/16/1993 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0434269 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business 6425 SW 45 St. | 2a. Mailing Address 6425 SW 45 St. |
| 22 Suite, Apt. #, etc. Suite A | 27 Suite, Apt. #, etc. Suite A |
| 23 City & State Davie, FL. | 28 City & State Davie, FL. |
| 24 Zip 33314 | 25 Country US |
| 29 Zip 33314 | 30 Country US |

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|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------|----|----------------------------------------------------|----|--|----|------|----|----------|
| 9. Name and Address of Current Registered Agent ABRAMS, BARRY 3425 SW 45 ST SUITE B DAVIE FL 33314 | 10. Name and Address of New Registered Agent <table border="1"> <tr><td>81</td><td>Name</td></tr> <tr><td>82</td><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td><td></td></tr> <tr><td>84</td><td>City</td></tr> <tr><td>85</td><td>Zip Code</td></tr> </table> | 81 | Name | 82 | Street Address (P.O. Box Number is Not Acceptable) | 83 | | 84 | City | 85 | Zip Code |
| 81 | Name | | | | | | | | | | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| 83 | | | | | | | | | | | |
| 84 | City | | | | | | | | | | |
| 85 | Zip Code | | | | | | | | | | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|--------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ABRAMS, BARRY | | 1.2 NAME | |
| STREET ADDRESS 5710 SW 164 TERR | | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP FT LAUDERDALE FL 33331 | | 1.4 CITY - ST - ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ABRAMS, DARCY | | 2.2 NAME | |
| STREET ADDRESS 5710 SW 164 TERR | | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP FT LAUDERDALE FL 33331 | | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **2/24/97** **BY 584209**

CR2E034 (9/96)